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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application of Choket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) RATE FEE NUMBER EXTRA NUMBER FILED RATE FOR s *1000* BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS -0 OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS -- 0 OR minus 3 = (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) TOTAL OR TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST RATE ADDI-PRESENT RATE ADDI-NUMBER REMAINING TIONAL TIONAL **EXTRA PREVIOUSLY AFTER** ENDMENT FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus 800 O 20 OR Independent (37 CFR 1.16(b)) Minus OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS ADDI-RATE PRESENT RATE ADDI-NUMBER REMAINING TIONAL TIONAL **EXTRA PREVIOUSLY AFTER** ENDMENT FEE FEE AMENDMENT PAID FOR Minus Total OR (37 CFR 1,16(c)) Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT RATE ADDI-NUMBER REMAINING TIONAL PREVIOUSLY **EXTRA** TIONAL AFTER ENT FEE r:EE PAID FOR AMENDMENT Minus = Total ENDMI OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) X S OR X S Ā FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN TH . SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1 This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

	PATENT APPLIC	Application or Docket Number										
Effective October 1, 2000 07/889/7/												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA!	SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS								TE	FEE	1	RATE	FEE
FOR			NUMBER I	FILED	NUMBER EXTRA		BASI	BASIC FEE		OR	BASIC FEE	1000
TOTAL CHARGEABLE CLAIMS			/O minus 20= *				X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			2 mi	X4	X40=		OR	X80=				
MULTIPLE DEPENDENT CLAIM PI			RESENT							UH		· .
• If	the difference in colum	ess than zero, enter "O" in column 2				+13	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO'	TOTAL		OR	TOTAL	1100
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						SM	ALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A	CLA REMA AFT AMEND	INING ER		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	4	Minus	••	20	=	_ X\$	9=		OR.	X\$18= _	
	Independent • FIRST PRESENTATION		Minus	***	5	=	X4	0=_		OR	X80=	
_	TINOT PRESENTATION	LIPLE DEF	PENDEN	CLAIM		+13	5=		OR	+270=		
			*			TOTAL				TOTAL		
•	(Column 1) (Column 2) (Column 3)							FEE	<u> </u>		ADDIT. FEE	
AMENDMENT B	CLA REMAI AFT AMEND	IMS INING ER		HIGH NUM PREVIO PAID	HEST BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total • S	<del></del>	Minus	••)	U		X\$	9=		OR	X\$18=	····
	Independent + FIRST PRESENTATION		Minus LTIPLE DEP	ENDENT	S CLAIM	= \	X4	0=		OR	X80=	
							+13	5=		OR	+270=	F -
	•				•		ADDIT.	OTAL FEE		OR	TOTAL ADDIT. FEE	
	(Colur											
AMENDMENT C	CLAI REMAI AFT AMEND	NING ER		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA*	ΓE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total • /	- h, ,	Minus	2	.0	=	X\$	9=		OR	X\$18≕-	- CE
AMI	Independent • FIRST PRESENTATION	16	Minus	***	(Z)	= //	X40	)= .		OR	X80=	86.00
							+13	5=		OR	+270=	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												84.6

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